RECORDS SCHEDULING WORKSHEET

1. Use **PART 1 (*required*)** to complete relevant department information.

2. Use **PART 2 (*required*)** to describe a records series produced by your department/office or division.

3. Use **PART 3 (*required*)** to appraise the value of the records in this record series and propose a retention.

4. Use **PART 4 (*optional*)** to collect additional information about this record series.

5. Please complete only one worksheet for each record series.

6. You need only identify the record series that reflect the unique functions of your department or division.

Questions? Contact Metro Records Management staff at 862-5885.

PART 1. DEPARTMENT INFORMATION (*Required*)

1.1 RECORDS OFFICER NAME	1.2 DATE
1.3 DEPARTMENT/OFFICE NAME	**1.4 DIVISION NAME**

1.5 DOES YOUR DEPARTMENT / OFFICE / AGENCY HAVE PRIMARY AUTHORITY FOR ANY OF THE FOLLOWING (check or circle yes or no for each, and include the year the authority started and/or ended)?

A. Hiring -	Yes:	No:	Year Started:	Year Ended:
B. Payroll -	Yes:	No:	Year Started:	Year Ended:
C. Purchasing -	Yes:	No:	Year Started:	Year Ended:

PART 2. RECORDS SERIES IDENTIFICATION & DESCRIPTION (*Required*)

2.1 TITLE OF THE RECORD SERIES
Choose a meaningful title that would assist someone outside your business area in identifying these records:

2.2 DESCRIPTION OF THE RECORD SERIES
Develop a meaningful description of the records that answers the questions "Why are these records created?"
and "What are they used for?":

A. These records are created because/in order to...

B. These records are used for/to...

C. Is this the primary copy of this record series?	
Yes:	No:

D. If not, then list the department or office that is responsible for the primary record:

2.3 DOCUMENT TYPES INCLUDED IN THE RECORD SERIES

A. List all document types that make up this record series (for example: OSHA Form 200, OSHA Form 101, incident logs, hearing transcripts, determination orders, and related correspondence):

PART 3: RECORDS APPRAISAL (*Required*)

3.1 OPERATIONAL VALUE

A. After what period of time has the operational life span of these records expired?

3.2 FISCAL VALUE

A. Are these records needed for financial audits?	
Yes:	No:
B. If yes, when are audits performed?	**C.** If yes, by whom are audits performed?

3.3 LEGAL VALUE

A. Is there a length of time, regarding these records, after which a party may no longer bring an action against the department (for example: file a suit, contest an action, collect money, enforce a judgment)?	
Yes:	No:

B. If yes, what is that length of time and the basis?

Length of time:	Basis for action:

C. Are there codes, statutes, and/or regulations that affect how long these records must be retained?	
Yes:	No:

D. If yes, provide all applicable citations:

3.4 PROPOSED RETENTION

A. Based on the answers to Sections 2.1 through 2.3, propose a retention for these records:

B. List the activities or events that will trigger this retention (for example, *5 years after* -- employee termination, contract expiration, submission of final report, end of fiscal or calendar year):

PART 4: RECORDS INVENTORY (*Optional*)

4.1 INDEX AND FILING INFORMATION

A. List the primary and any additional indexes the records are filed and accessed by (for example, alphabetic by person, vendor, or geographic name; numeric by case number; by date):

Primary Index:	Secondary Index:	Other Index:	Other Index:

B. Indicate the cut-off cycle for the records which may be used for filing and to initiate the disposition (for example, fiscal or academic year; calendar year; termination or expiration date):

4.2 DATES, VOLUME, FORMAT, AND ACTIVITY INFORMATION

A. List each location where records are housed (for example, building ID and room number, name of electronic system, and/or other description):

Location 1:	Location 2:	Location 3:	
			Attach an additional sheet for any other locations.

B. For each location identified in (A), list in the table below the dates, volume, format, and activity of this record series. Attach an additional sheet if these records are housed in more than three locations:

    a. For dates, enter beginning and ending.

    b. For volume, enter cubic feet, megabytes, number of objects, and so on.

    c. For format, enter paper, microfilm, bound book, digital image, database, paper, and so on.

    d. For activity, enter daily, weekly, monthly, quarterly, yearly, and so on.

	Location 1	Location 2	Location 3
a. Dates:			
b. Volume:			
c. Format:			
d. Activity:			

4.3 SHARED INFORMATION

A. Are there instances in which physical files or electronic data/documents in this record series are shared with other departments or offices?

Yes: No:

B. If yes, please list each department/office (if information is shared across all Metro departments just state "Metro-wide"):

4.4 CONFIDENTIAL STATUS
A. Is any of this information confidential?
Yes: No:

B. If yes, list the applicable document types below AND include the item number from the Confidential Records Checklist to indicate the reason:

4.5 CRITICAL STATUS
A. State the consequences or impact of not having the records immediately available for a short period of time

B. State the consequences or impact of not having the records available for a significant period of time: